

FORM B

Event Name: _____
Event Date: _____
Location: _____
Total Attendance: _____

TENTS, STAGES, HAZARDS & ELECTRIC

Additional permits and insurance may be required for particular activities or structures.

TENTS & CANOPIES

Will you have tents or canopies? Yes No

How many? _____ 10'x10' _____ 20'x20' _____ Other _____ x _____

Please provide the rental company information, if applicable.

Name of Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Town of Ault Sales Tax #: _____

STAGES

Will any stages be set up for this event? Yes No

How many? _____ Size: _____ x _____ Make/Model: _____

Construction: _____

Please provide the rental company information, if applicable.

Name of Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Town of Ault Sales Tax #: _____

ELECTRICITY

Do any components of this event require a power source? Yes No

Describe event elements requiring power: _____

Existing Power Source/Outlet (must be approved by town staff)

Describe: _____

Generator: Quantity: _____ Make(s): _____ Wattage: _____

Please provide the rental company information, if applicable.

Name of Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Town of Ault Sales Tax #: _____

TENTS, STAGES, HAZARDS & ELECTRIC

continued

HAZARDOUS MATERIALS

Will any of the following be used in the event area for cooking, heating, or any other purpose?

- LP (Propane) Gas Open Flame None (N/A)
 Charcoal Fuel/Diesel

Describe the number, locations, and purposes: _____

Will there be a fireworks display or use of any fireworks during the event? Yes No

Please provide the fireworks display provider's information, if applicable.

Name of Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Town of Ault Sales Tax #: _____

HIGH RISK ACTIVITIES

Will any of the following activities be included in your event? None (N/A)

- Hot Air Balloon Rides Climbing Wall
 Bounce House or inflatable Activity Equipment Skydiving
 Other: _____ Bungee Jumping

Please note that your activity provider may be required to provide additional insurance in order to provide these type of high risk activities on city property. Please provide the companies information attached to this application.